



CLAREMONT
McKENNA
— C O L L E G E —

APPLICATION PACKET
Silicon Valley Semester Program
Fall 2012 Semester Application

Instructions & Supplementary Forms

1. Complete the Personal Data form.
2. Complete the interview scheduling form.
3. Complete the short answer and essay questions. Use additional pages as needed.
4. Complete the top portion of the Faculty Recommendation Form and submit it to your faculty member.
5. Attach an unofficial transcript.
6. Attach a list of the courses to be taken during the semester prior to arrival.
7. Attach your résumé.
8. Completed application and supplementary forms due:

Friday, February 10, 2012, 4:30 p.m.

Office of Off-Campus Study, Center for Global Education

Heggblade Center, 1st Floor, Claremont McKenna College

For questions or additional information please contact:

Kristen Mallory, Director of Off-Campus Study, kmallory@cmc.edu, (909) 621-8267 or

Michelle Chamberlain, Director of External Relations, mchamberlain@cmc.edu, (909) 607-8555

APPLICATION PACKET
Silicon Valley Semester Program
Personal Data

Please write legibly

NAME: _____ **Sex:** **M** **F**

Student ID: _____ **Cell/Contact Phone:** _____

Major (s): _____ **Sequence:** _____

Dual

Double

Expected Graduation (M/Y): _____/_____

Campus Address: Box # _____ CMC HMC Pitzer Pomona Scripps

EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name (s): _____ **Relationship:** _____

Street: _____ **City:** _____

State: _____ **Zip:** _____ **Country:** _____

Phone: () _____ **Work Phone:** () _____

Cell/Other Phone: () _____ **E-mail:** _____

If you have any special accommodations for a learning difference that have been provided through the DOS Office, you need to inform the OCS office for accommodations while off-campus. Due to Medical/Privacy Laws, CMC cannot automatically transfer your information to another entity without your consent.

Yes, I wish to discuss special accommodations with the director of OCS.

APPLICANT'S CONSENT: I hereby give permission for my letter of recommendation, transcript, and other application materials relevant to my participation in the Silicon Valley Semester Program to be consulted as necessary by authorized individuals involved in student selection and the operation and evaluation of the program.

I give permission to the Registrar to release college transcripts, as required, to the Office of Off-Campus Study and the Robert Day School of Economics and Finance.

Signature: _____ **Date:** _____ / _____ / _____

To be considered for off-campus study programs, you must be in good academic, judicial, and financial standing.

APPLICATION PACKET
Silicon Valley Semester Program
Interview Scheduling Form

Please indicate the time when you will **not** be available for an interview.

Write: 'C' for class time
 'W' for work
 'SP' for sports practice
 'O' for other

| Time | Monday | Wednesday | Friday | Time | Tuesday | Thursday |
|-------------|---------------|------------------|---------------|-------------|----------------|-----------------|
| 8:00-8:50 | | | | 8:10-9:25 | | |
| 9:00-9:50 | | | | | | |
| 10:00-10:50 | | | | 9:35-10:50 | | |
| 11:00-11:50 | | | | | | |
| 12:00-1:10 | | | | 12:00-1:10 | | |
| 1:15-2:30 | | | | 1:15-2:30 | | |
| 2:45-4:00 | | | | 2:45-4:00 | | |
| 4:15-5:30 | | | | 4:15-5:30 | | |

APPLICATION PACKET
Silicon Valley Semester Program
Faculty Recommendation Form

TO THE APPLICANT: Please complete the top portion and submit the form to a faculty member who is familiar with your academic work and your personal qualifications for the Silicon Valley Semester Program.

Name of Applicant: _____ College: _____

I prefer that this evaluation be: ____ Open for my inspection or ____ Confidential (right of access waived as provided in the Buckley Amendment). I agree that the Dean of Students may refer to any appropriate information from my records at The Claremont Colleges and the evaluation may be reviewed by those who are involved in the administration of the Silicon Valley Semester Program.

Applicant's Signature _____ Date _____

TO THE RECOMMENDER: The afore-mentioned student has applied for admission to the Silicon Valley Semester Program. This is an independent living program with both rigorous work and academic components. Students work full-time during the day, attend classes on Saturday and will be responsible for their own housing, meals, transportation and social activities. Given the demanding nature of this program, it is critical that we select students who are both capable and willing to endure such a regimen.

Please complete the following form and return it in a sealed, signed envelope to Kristen Mallory, Director, Off-Campus Study, CMC-CGE (Heggblade, 1st Floor)

| | No Information | Below Average (Bottom Third) | Average (Middle Third) | Good (Top Third) | Excellent (Top 15%) | Outstanding (Top 5%) |
|--|----------------|------------------------------|------------------------|------------------|---------------------|----------------------|
| Leadership Potential | | | | | | |
| Self-Confidence | | | | | | |
| Personal Maturity | | | | | | |
| Imagination and Creativity | | | | | | |
| Motivation | | | | | | |
| Intellectual Ability | | | | | | |
| Analytical Ability | | | | | | |
| Quantitative Ability | | | | | | |
| Teamwork Skills | | | | | | |
| Listening Skills | | | | | | |
| Ability in Oral Expression | | | | | | |
| Ability in Written Expression | | | | | | |
| Self Awareness | | | | | | |
| Interpersonal Skills with Colleagues/Peers | | | | | | |
| Interpersonal Skills with Superiors | | | | | | |

If you would like to add additional comments on the back of this form you are welcome to do so. This is an internal document for program selection only.

Faculty Name: _____ Faculty Signature: _____